chisel; the bone at this place was scarcely 6 mm. thick. On enlarging this opening the dura was found adherent, the bone much thickened and covered with several thorn-like processes protruding into but not perforating the dura. To this enostosis several pieces of the vitreous table were adherent and had pushed the dura deeply in one of the fissures. Chiseling away of the bone was kept up until non-thickened bone and non-adherent dura was found. The opening resulting was oval in shape, its longest diameter being 4 cms., and its shortest 3 cms.

The exposed dura was reddened, felt rough and pulsated markedly.

The wound was thoroughly irrigated with bichloride and tamponed with iodoform gauze and the skin sewn up except at the center of the wound.

The operation and the dressing of the wound together lasted two hours.

The wound where sewn healed by first intention, the open point closed in 3 weeks.

The first tampon was left in place for 2 days and then removed because twitchings took place several times in the muscles of the right arm and shoulder, but no loss of consciousness occured. The 2d tampon was loosely applied, and up to the time of writing, 4 months since the operation, there has been no return of the symptoms.

Two weeks after the trepanation the patient could hardly hold a pen and his writing resembled that of a paralytic. Three months afterward the patient could write quite well.

From time to time he experiences slight fibrillary contractions of the interossei muscles.

There is still a slight slowness of speech and a slight deviation of the point of the tongue to the right.—*Deutsche Med. Woch.*, No. 46, 1889.

F. C. HUSSON (New York).

III. Resection of the Third Branch of the Trifacial Nerve at the Foramen Ovale. By DR. SALZE. The lower posterior edge of the body of the malar bone is marked out and the lower edge of the zygomatic process of the temporal bone, about a finger's breadth in front of the tragus. Between these points, with a strong scalpel or resection knife, an arched incision, curving upward, is made, the highest point of which is about a finger's breadth over the malar bone. The knife at once penetrates skin, temporal fascia, muscle, and the periosteum of both roots of the malar bone. After arresting hæmorrhage from the twigs of the deep temporal artery, the place at which the zygomatic process joins the tuberculum mandibula is freed, with a narrow elevator, in order that the bone can be separated by a pointed narrow saw immediately in front of the articulation of the jaw. The anterior edge of the malar bone is then sawed through. In order to sufficiently displace downward the soft parts and flap containing the malar bone, it is necessary to separate from the skull the still intact insertions of the temporal muscles. This is best accomplished by means of the resection knife, immediately upon the bone. Having arrived at the crista temporalis, the parts are cleaved with a blunt instrument (an elevator) from the base of the skull, in order that in the depths of the funnel-shaped wound, injury to the joint or sharp hæmorrhage does not occur. By keeping continually to that portion of the wound which is bounded from above by the base of the skull, and from behind by the articulation of the jaw, the operator cannot fail to find the place of exit of the third branch. In a favorable light, with the soft parts of the flap and the upper edge of the pterygoid muscle well retracted downward, the nerve may be freed so far as to identify the separate portions of the same. A slight opening of the patient's mouth renders this easier. Hæmorrhage should be arrested by plugging the wound.

Finally, a probe pointed tenotome with a concave cutting edge, the blade directed forward, is pushed along the base of the skull, between the middle meningeal artery and nerve, in order to divide the nerve from behind, immediately at the foramen ovale. The resection of the peripheral extremity of the nerve is done with an angular forceps (ear forceps) and curved scissors.

The way along the base of the skull and the capsule of the articulation of the jaw can be so easily recognized that the bearings in the deep wound are recognizable through a relatively small incision. Second, the incision leaves but a slightly deforming cicatrix. Third, by this incision only the frontal branches of the seventh nerve are injured, whose division cannot cause disturbance of essential function. Even the orbicularis palpabræ retains its function, probably by means of deeper lying branches of supply, and not, as the author claims, because of primary union of the nerve fibres. (See Albrecht's experiments and observations). Fourth the division of the other parts of the wound at the cross-division of the temporal muscle is quite without importance. Fifth, no troublesome hæmorrhage is to be expected.—*Arch. f. klin. Chirg.*, bd. 37, hft. 3.

IV. Resection of Third Division of the Trifacial Nerve at the Foramen Ovale. By DR. ULLMANN. The patient is placed so as to bring the head somewhat depending, and turned in the direction opposite to the side to be operated upon. A curved incision is made, beginning about 1½ cm. above the angle of the jaw, and passing upward, crossing the facial artery above, terminating upon the edge of the lower jaw, with its curved portion lying just behind the latter. The cervical branches of the seventh are the only ones divided in this incision. The lower portion of the parotid gland is then loosened and separated from the parotido-masseteric fascia, and the former retracted.

The external pterygoid muscle is separated by means of scissors from its attachments at the angle of the jaw. The nerve is now brought into view. The lingual nerve is also seen posteriorly, and may be to some extent isolated. By means of an aneurism needle a ligature is passed around the inferior maxillary nerve, and tied at its peripheral portion. The nerve is then separated at the dental foramen, and now serves as a guide in reaching the foramen ovale. If it is cleared from its surroundings, drawn in a vertical direction and its course followed, it will be found to take a direction slantingly upwards and towards the median line. The divided mylo-hyoid branch of the inferior dental will be seen to be given off at this point. The loose tissues around the lingual nerve being isolated, the trunk of the latter is found passing toward the inferior maxillary nerve as it is held upward; the distinctly visible chorda tympani may be distinguished passing from the lingual below the inferior maxillary nerve.